Prioritized Strategies and Recommendations

	Priority I	***Priority II***
Schools and Childcare Facilities	❖ Coordinate all school health activities between and within agencies. ❖ Institute a certification process for cafeteria managers in nutrition and school food service. ❖ Health education and physical education are a priority. ❖ Create healthy fundraising policies and opportunities. ❖ Recess before lunch. ❖ Encourage breast feeding with supports of medical community, employers, etc. ❖ Develop safe routes to all schools. ❖ Professional development for medical community for prevention education. ❖ Develop strategies to encourage students to drink more water. ❖ Enforce smoke free school policy	❖ All children receive adequate health education and physical education in school (National Guidelines for health and physical education). ❖ All health and physical education teachers are certified in their content area. ❖ Adequate staffing (professional and administrative). ❖ Increase administration understanding of the importance of physical activity and nutrition. ❖ Daily physical education from K through 12. ❖ Universal breakfast during school day ❖ Summer Feeding Program (years 1-18, 1-21 disabled) ❖ Adoption of policy restricting the use of food as rewards for students. ❖ More healthy food choices in school lunch programs. ❖ Healthy and safe school environment. o Clean and accessible drinking fountains. o Safe, clean, and adequately stocked bathrooms. o Air conditioning. o Safe playgrounds. o Covered areas – PE. o Proper equipment for PE.
Built Environment Infrastructure	❖ Facilitate the inclusion of key planners (architects and engineers) and increase engagement of neighbor island stakeholders and businesses (e.g., Adopt-a-Highway, food industries). ❖ Educate elected officials on the importance of	❖ Develop policies or ways to address liability issues. ❖ Piloting Community-Based Interventions o Education – school programs (non-school hours) and policy change (male role models).

	physical activity and nutrition. ❖ Develop continuity of support for physical activity – with administration. ❖ Provide advocacy training – start with neighborhood boards. ❖ Conduct an assessment of accessible facilities for physical activity opportunities. o Conduct GIS assessment of walkable communities and map food systems. o Document existing policies on physical activity and nutrition, land use, beach access, building codes. ❖ Increase public awareness on environmental issues relating to physical activity. ❖ Create consistent messages on physical activity and nutrition and have policies that support those messages. ❖ Create a central and accessible information system (i.e., web based).	o Cater communities – eyes of the communities.
Worksite	❖ Engage leadership commitment (including labor unions). ❖ Investment and enrichment ❖ Development of evaluation plan ❖ Develop employee commitment to health and wellness. ❖ Assess worksite population and environment.	❖ Development of non-worksite support for health & wellness. ❖ Accessibility & convenience
Healthcare Systems and Providers	❖ Incorporate nutrition and physical activity goals in DOH service plans. ❖ Encourage appropriate use of BMI as a quality assurance measure.	❖ Standardize age-appropriate information for “anticipatory guidance.”